

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049438

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12934

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, MissouriLength of stay in lb
2 weeksc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bethesda HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5031 FairviewReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lannie

Middle

Bluford

Last

Galbreath

4. DATE
OF
DEATHMonth
December

Day

26, 1963

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-2-18889. AGE (last birthday)
75IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
accounting department10b. KIND OF BUSINESS OR INDUSTRY
Armour and Co.11. BIRTHPLACE (City and state or country)
Tulip, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Blueford Galbreath

13b. MOTHER'S MAIDEN NAME

Lucy Hulén

14. NAME OF HUSBAND OR WIFE

Antonia C. Galbreath

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
yes

17. INFORMANT

Mrs. Antonia C. Galbreath 5031 Fairview

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia terminal

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

Cerebral vascular accident

2 week

DUE TO (c)

Cerebral arteriosclerosis prone

under 1 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

331X

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at7/4/1963
6:35 p.m.to 12/24/63 and last saw him alive on 12/26/63 -
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas W. Parker M.D.

22b. ADDRESS

4660 Maryland
St. Louis 8, Mo.

22c. DATE SIGNED

12/28/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-30-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY
6464 Chippewa

25. DATE RECD. BY LOCAL REG.

SAW

26. REGISTRAR'S SIGNATURE

DEC 28 1963
Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Denney

Licensed Embalmer No.

4194

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Thomas Parker
4660 Maryland
FO. 1-6074

*Tru. teller
Feb 98 12*